



THE MEDICAL NEWS AND LIBRARY.

VOL. XXVI.

NOVEMBER, 1868.

No. 311.

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HUDSON ON FEVER.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Effects of an Adherent Prepuce upon the Urinary Organs.—By MR. THOMAS BRYANT, Surgeon to Guy's Hospital.

It cannot be too much kept in mind, that an adherent prepuce by itself is capable of producing symptoms of difficult micturition, incontinence of urine, retention of urine, intermittent flow of urine, haematuria, and, indeed, any other symptom of urinary disease; for it seems that every source of irritation at the renal end or the external end of the urinary passage is referred to the bladder, or rather shows itself in the most marked degree in that viscus. In any case, consequently, of supposed stone in the bladder in a child, the penis should be well examined, for in a large number of cases the symptoms of stone will be found to be caused by an adherent or elongated prepuce.

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The following brief cases illustrate the remarks we have just quoted:—

CASE 1. *Incontinence of urine from adherent prepuce; circumcision and recovery.*—William P., aged 11, came under Mr. Bryant's care at Guy's Hospital on March 16, 1864, for incontinence of urine. It had existed from birth. During the night his urine was always passing, but during the day he had some slight control over his bladder. On examining the bladder, no stone or other disease was felt; but he had a long prepuce, which was also firmly connected by adhesions to the glans penis. Circumcision was performed, and the subpreputial adhesions broken down, with a good result, for all incontinence and irritability of the bladder at once ceased, and two months subsequently he was still well.

CASE 2. *Retention of urine from adherent prepuce.*—Henry B., 20 months old, was brought to Mr. Bryant, at Guy's Hospital, on June 24, 1861, for retention of urine. For six weeks he had experienced

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

NOTE: In no case is this periodical sent unless the subscription is paid in advance.

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difficulty in passing his urine, the mother asserting that the child had passed three days without micturating, and had commonly gone two days. On examination the prepuce was found to be firmly adherent to the glans penis. The bladder was apparently sound. The prepuce was separated from the glans penis, the adhesions being well torn through to escape the corona, and in a few days the child was well. When seen six weeks subsequently no return of the retention had taken place.

CASE 3. Retention of urine with an elongated and adherent prepuce, cured by circumcision.—Thomas L., aged 6 years, came under Mr. Bryant's care, at Guy's Hospital, on January 28, 1867, with retention of urine. He had suffered at intervals from this condition for three weeks, and on one occasion had a catheter passed for a retention of twenty-four hours. When seen the boy had not passed urine for twelve hours. A pint of urine was drawn off. He had a long and adherent prepuce. Circumcision was performed, and all the adhesions between the prepuce and glans penis were broken down. A complete recovery followed, and when the child was seen a month subsequently he was still well.

CASE 4. Difficult micturition and retention of urine from elongation of the prepuce, cured by circumcision.—Tom C., aged 22, was brought to Mr. Bryant, at Guy's Hospital, on August 8, 1864, for a retention of urine of twelve hours' standing, and a difficulty in micturition which had been present for the last eighteen months of the child's life. The urine at times would not pass, and the attempt would be attended by some straining. An elongated and adherent prepuce was present. Circumcision was performed, and a good recovery took place, no return of any of his symptoms having been observed some weeks afterwards.

CASE 5. Intermittent flow of urine and pain from an adherent prepuce, cured by circumcision.—Walter C., 12 years old, came under Mr. Bryant's care, at Guy's Hospital, on April 12, 1864, for pain in passing his water and an intermittent flow of urine. On making a careful examination of the bladder no calculus could be felt; an adherent prepuce, however, existed. The adhesions were at once broken down, and in one week all his symptoms had disappeared. They had not returned when seen one month subsequently.

CASE 6.—Joseph S., aged 3, was brought to Mr. Bryant, at Guy's Hospital, on June 2, 1864, for symptoms of stone. He had experienced pain, and at times difficulty in micturition for many months, and the flow of urine would constantly stop and go on again. No stone, however, could be felt, but a long and adherent prepuce was detected. Circumcision was performed, and all adhesions broken down, a rapid recovery following, which was lasting.

CASE 7. Prolapus recti with incontinence of urine and hematuria from an adherent prepuce; circumcision and recovery—E. J., aged 4, came under Mr. Bryant's care at Guy's Hospital, on Dec. 4, 1865. He had experienced difficulty in micturition from his birth, had at times suffered from retention of urine, and at others from incontinence. On several occasions he had passed blood with his water after straining. His water would constantly stop during its flow, and then go on again, as in stone. Since he was eight months old he had had prolapse of the bowel. He had taken advice from many men, but he never found relief from treatment. The bladder was examined with great care, but nothing wrong with it was detected. The bowel also was quite healthy. The prepuce was very long and closely adherent to the glans penis. Circumcision was performed with a most satisfactory result, for all the symptoms at once vanished, and when the child was seen eight weeks after the operation he was quite well.

CASE 8 Priapism from birth, with adherent prepuce, cured by circumcision.—Frank T., aged 2, was brought to Mr. Bryant, at Guy's Hospital, on May 19, 1862, for an erection of the penis which had existed from birth. The mother asserted that she had never seen the organ in a different condition. The child had never experienced any difficulty in micturition. The prepuce was also firmly adherent to the glans penis and elongated. Circumcision was performed, and the sub-preputial adhesions destroyed, with a good result, for the priapism at once disappeared and did not return. The mother told Mr. Bryant that this child had had what was called tetanus when eleven months old, and fits, which were followed by some wasting of the legs. These limbs were at this time clearly feeble.—*Med. Times and Gaz.*, May 16, 1868.

HOSPITAL NOTES AND GLEANINGS.

Elephantiasis of Leg successfully treated by Blistering.—At the Royal Infirmary, Liverpool, under Mr. BICKERSTETH's care, there is a female patient who was admitted with elephantiasis of the left leg, the disease being of a very extensive nature, and affecting the whole extremity. The treatment employed was repeated blistering, with rest, and has been attended with the most satisfactory results, the leg having in less than two months become reduced in size to such an extent that it is now only a little larger than the healthy limb.—*Med. Times and Gaz.*, Sept. 19, 1868.

Laryngo Tracheotomy in a Case of Suffocation from Drinking Boiling Water.—In a case which recently occurred at Westminster Hospital, a child aged two years was all but suffocated from having drunk boiling water from the spout of a teapot. When seen by Mr. Mason, the child had the most distressing dyspnoea, which was becoming more urgent at each inspiration. With the concurrence of his colleague, Mr. Brooke, Mr. Mason opened the trachea high up, and cut the cricoid cartilage. When the tube was introduced, which was easily accomplished, the patient was instantly relieved. In the after-treatment, the tube was taken out at intervals, in order to ascertain if the child could breathe without it; but it was not until the twelfth day that the tube could be wholly dispensed with. The wound in the throat healed perfectly, and the child left the hospital entirely well. Mr. Mason ventures to think that many of the difficulties experienced in the operation of tracheotomy arise from the windpipe being opened too low down.—*Lancet*, Aug. 22, 1868.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Anti-Galactic Properties of Belladonna.—Dr. D. W. STORMONT, of Topeka, Kansas (*Leavenworth Med. Herald*), mentions two cases of mammary abscess, in both of which the secretion of milk was stopped by the application of belladonna (ext. belladonna $\frac{3}{ij}$, aqua $\frac{1}{3}j$), painted over the breast. The lacteal secretion may be restrained, or entirely dried up, at the option of the physician, in one breast without pro-

ducing much effect in the other. Hence he considers it invaluable in mammary abscess, both as a prophylactic and as a curative agent. The patient should be cautioned against nursing the child from the breast to which the belladonna has been applied.—*Med. Record*, Oct. 1, 1868.

Library of the College of Physicians of Philadelphia.—This library has, during the present year, received many and valuable additions, and it is now one of the largest and is, probably, the most useful collection of medical works for reference in this country. The rooms have been recently elegantly furnished, and are open daily from 11 A. M. to 3 P. M., during which time the librarian is in attendance.

Rhode Island Hospital.—A new hospital with this title was formally opened and dedicated on the 1st of Oct. The building is 410 feet front, and, from the published view, seems to be a very handsome and imposing edifice. It is situated in the town of Providence.

American Pharmaceutical Association.—This Association held its sixteenth annual session in the city of Philadelphia at the New Hall of the College of Pharmacy, on the 8th, 9th, 10th, and 11th of September. As usual, a large amount of important business was transacted and a number of valuable reports and papers read. After which the Association adjourned to meet in Chicago on the 1st Tuesday of Sept. 1869.

Missouri Medical College.—It is announced that Prof. PAUL F. EVA has accepted the chair of surgery in this school, rendered vacant by the death of Prof. JOS. N. McDowell.

University of Maryland.—Dr. J. J. CHISOLM, formerly Professor of Surgery in the Medical College of South Carolina, has been elected Professor of Military Surgery in this School.

American Ophthalmological Society.—At the meeting of this society in July last, the following amendment to their constitution was unanimously adopted:—

"The members shall be graduates in medicine in good professional standing, who

have an interest in ophthalmic science and art. No member shall attach to his name, in any public manner, the title of 'Oculist,' or any similar title, or shall announce in print that he gives special or exclusive attention to special practice."

It is scarcely necessary for us to express our entire concurrence in the propriety and justice of this act.

FOREIGN INTELLIGENCE.

On the Treatment of Chronic Dyspepsia by Lactate of Soda and Magnesia.—Dr. GÄBEL asserts that the most obstinate form of dyspepsia is that which often occurs in chlorotic and anaemic patients, and in women suffering from uterine affection. This sympathetic dyspepsia is indicated by severe gastric pains coming on soon after a meal, but never spontaneously, and sometimes leading to vomiting. In this form of dyspepsia, acid formation in the stomach is the chief element. Dr. GÄBEL has treated the pains by the carbonates of soda and magnesia, with no very satisfactory results; and pepaine has also frequently failed to do any service. Finally, pastilles containing lactate of soda and magnesia were administered directly after meals. The results of this treatment were very satisfactory; the irritation set up in the stomach by the presence of food gradually ceased; and the patients were soon enabled to take digestible articles of diet without suffering from pain. Dr. GÄBEL has frequently succeeded in bringing about a permanent cure of this form of chronic dyspepsia by a prolonged administration of the pastilles.—*British Medical Journal*, Sept. 5, 1868.

On Ergotin in Pertussis and Laryngeal Spasm.—Dr. HAMPEL states that he has derived great benefit from administering ergotin to children affected with whooping-cough. The best form for young patients is the ergotin lozenges recommended by Boujean, in which the drug is concealed by sugar. Hampel states that ergotin has the following beneficial results. It arrests bleeding, which is often so extensive as to produce anæmia and to increase the danger of the patient; it acts in this manner by lessening the amount of congestion in the bronchial mucous membrane, and by relieving the spasm and contraction of the glottis. It diminishes the intensity of the attacks,

and increases the secretion of mucus from the bronchial tubes; if also reduces the sensibility of the bronchial mucous-membrane, which is much less readily irritated by external influences.—*British Medical Journal*, Sept. 5, 1868.

Sulphite of Soda in Chronic Cystitis.

Mr. L. WILCOX, late house-surgeon of King's College Hospital, recommends the use of sulphites in those cases of chronic cystitis where the urine decomposes before it is eliminated. He finds that by the employment of the sulphite all the putridity disappears, and the urine becomes clear and colourless.—*The Practitioner*, Oct. 1868.

The External Application of Iodide of Potassium.—Mr. JAS. HIRD, of Pembroke, recommends the following formula for the external application of the iodide. Take of glycerine, 3*j*; iodide of potassium, 3*ss*; best yellow soap, 3*ss*. Rub up the iodide thoroughly with the glycerine, and then add the yellow soap. This application is found to be very active in removing glandular tumours, &c.—*The Practitioner*, October, 1868.

On the Subcutaneous Injection of Morphia in Cases of Luxation.—Dr. FELIX THIERFELDER recommends the subcutaneous injection of morphia in cases of luxation which cannot be reduced without resorting to some narcotizing agent. Four cases are reported: two of luxations at the shoulder-joint, one at the elbow-joint, and one at the knee—in which reduction seems to have been facilitated by injecting morphia subcutaneously. The following are given as the chief advantages of morphia over chloroform: 1. The amount of narcosis necessary for muscular reaction can be obtained more rapidly, and with greater safety, from morphia than from chloroform. 2. Morphia does not, like chloroform, cause loss of consciousness; and this is an important matter for the operator. The latter agent, when administered to spirit-drinkers—a class of individuals supplying a very large contingent to cases of luxation—is apt to cause excitement rather than complete stupefaction. In cases of this kind, there is no surer narcotizing agent than morphia. 3. The subcutaneous injection of morphia is generally justifiable, even in cases where chloroform is contraindicated in consequence of organic disease.

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4. The personal assistance required for the administration of chloroform can, with the subcutaneous injection of morphia, be dispensed with.—*British Medical Journal*, Sept. 5, 1868.

New Preparation of Lupuline.—Dr. DYCE DUCKWORTH recommends the following formula: Lupuline, 2 oz.; spirit. ammon. aromat., a pint. Macerate for seven days, agitating occasionally; then filter and add sufficient of the menstruum to make up to a pint. The dose of this is from twenty minims to one fluidrachm. He proposes to call it “tinctura lupulinae ammoniata.” He considers this preparation of the hop as the best we at present possess. According to Christison, the dose of tinctura lupuli should be from one fluidounce to one fluidounce and a half to produce any hypnotic effect; the ordinary dose consists of as many drachms. Dr. Ives, of New York, states that the tincture of lupuline is an effectual hypnotic in restlessness, the result of nervous irritability, and in delirium tremens. Some advantage, too, is derived from the presence of ammonia in considerable quantity, and this whether the preparation be exhibited as a hypnotic, or as a tonic combination of bitter and ammonia.—*British Medical Journal*, Oct. 3, 1868.

Antidote to Carbolic Acid.—Dr. CRACE CALVERT states that in poisoning with this acid, the best antidote, after the stomach pump, is large doses of olive or almond oil, with a little castor oil. Oil is a solvent, and consequently a diluent of carbolic acid, and may be used to stop the corrosive effect of the acid when its action on the skin is too violent.—*Journal of Cutaneous Medicine*, Oct. 1868.

Fatal Injection of a Nævus with Perchloride of Iron.—Although coagulating injections, in the treatment of nævi, have been recommended by the highest authorities, it should be borne in mind that their use, even in minute quantities, is not devoid of danger. Professor SANTERSON, of Stockholm, has added (*Journal für Kinderk.*, 1868, No. 3) another to the list of recorded fatal cases caused by this procedure: An infant, aged eight weeks, was brought to him on account of a large nævus on the cheek, which was increasing with great rapidity. It was too

deeply situated to allow of success from vaccination to be hoped for, and it was resolved to inject it with the perchloride, a means which had proved successful in other cases, and up to that time had never given rise to any mischievous effects. The tint. ferri oxymur. of the Swedish Pharmacopœia was employed, the syringe holding from eight to ten drops of the tincture. The canula was first introduced in a vertical and then in a transverse direction, using about half the contents of the syringe each time. While this was being slowly withdrawn the child suddenly ceased to scream, and was observed to be cyanotic and breathing with difficulty. Convulsive movements followed, but, in spite of all restorative measures, in a few minutes the child was dead. At the autopsy the spongy texture of the tumour was found to have been rendered firm by coagulation of the blood. The facial vein and its roots were empty, and no coagula were found in the upper part of the jugulars; but in the lower part of their course, towards the aperture of the chest, the blood was for the most part coagulated. The coagula continued, becoming, too, more solid, into the subclavian and vena cava, and the right cavities of the heart were distended with them. A little coagulum existed in the left auricle, and the muscular substance of the heart was well contracted. The lungs were gorged with blood, especially at the posterior parts. These appearances, and the symptoms during life, leave scarcely any doubt that the point of the canula must have penetrated into some venal branch, possibly the facial vein itself, the three or four drops injected giving rise to the coagulation observed.—*Medical Times and Gazette*, Sept. 19, 1868.

Animal Vaccination in Belgium.—This kind of vaccination, known as the Neapolitan, and introduced into France by M. Lanoix, has just received the sanction of the Belgian government. By a royal decree, an animal vaccine establishment is to be founded, the appointed director being M. Warlomont, who cordially took up the method of M. Lanoix's labours at Paris. In that capital animal vaccination found some opponents, and has not made such rapid progress as was at first anticipated, in spite of the very efficient support of Dr. Depaul, the head of the Vaccination Office of the Academy of Medicine of Paris.

Wounds produced by the Chassepot Bullet.—Very surprising statements have been current in regard to the effects of the Chassepot bullet, and the enormously disproportionate size of the wound of exit compared with that of entrance. The *Lancet* (Sept. 26) gives an account by Dr Gason, of Rome, relating to the effects produced by the bullet at the battle of Mentana, which are highly interesting as coming from an intelligent observer: "The projectiles used by both combatants in that engagement were principally the round ball, two sizes of the Minié, and the Chassepot ball. The lightness of the Chassepot firelock and its loading at the breech caused a far greater proportion of wounds in the upper part of the body than was the case in those wounds by balls from the muzzle loaders. The entrance made by the Chassepot ball was very small; the exit not much larger." We have the authority of Dr. Gason for positively asserting that among the cases brought into the hospitals in Rome there was not one where the wound produced by the Chassepot bullet bore any proportion to that mentioned in the report from the camp at Lyons—that 'the exit was as large as a person's two fists.' There was much less effusion of blood beneath the skin than in wounds by the round ball or Minié. The long bones were more frequently split. The immediate effects of the Chassepot were more fatal; but the ulterior effects less severe and fatal in wounds produced by the Chassepot than in those of the round ball or Minié. * * The external haemorrhage was greater in wounds produced by the Chassepot ball than by any other form of projectile; and in those places where the Italians fell when struck by it there were large pools of blood. The Chassepot bullet is one inch long, blunt pointed; its base, the broadest part in circumference, is half an inch in its diameter. Its weight is six drachms and a half."

Boys who Smoke.—Dr. DECAISNE (*Bull. Gén. de Théráp.*) in the course of investigations on the influence of tobacco on the circulation, has been struck with the large number of boys, aged from nine to fifteen years, who smoke; and has been led to inquire into the connection of this habit with impairment of the general health. He has observed 38 boys, aged from 9 to 15, who smoked more or less. Of these, distinct symptoms were present in 27. In 22, there

were various disorders of the circulation—*bruit de souffle* in the neck, palpitation, disorders of digestion, slowness of intellect, and a more or less marked taste for strong drink. In 3, the pulse was intermittent. In 8, there was found on examination more or less marked diminution of the red corpuscles; in 12, there was rather frequent epistaxis; 10, had disturbed sleep; and 4 had slight ulcerations of the mucous membrane of the mouth, which disappeared on ceasing from the use of tobacco for some days. In children who are very well nourished, the disorder was, in general less marked. As to the ages, 8 of the boys were from 9 to 12 years old; 19 from 12 to 15. The duration of the habit of smoking was: in 11, from six months to a year; and in 16, more than two years. The ordinary treatment of anaemia in general produced no effect as long as the smoking was continued; but when this was desisted from, health was soon perfectly restored, if there were no organic disease.—*Brit. Med. Journal*, Sept. 26, 1868.

Congress of German Naturalists and Physicians in Dresden.—This is a model Congress as far as care and anxiety for the comfort of the members on the part of the committee, and the dignified and courteous patronage of the king, the government, and the municipality are concerned. Each member on arriving was provided with every information, and had the choice of free quarters, ordinary lodgings, or hotel accommodation. The government have placed a large building at the disposal of the committee, and the first meeting was marked by speeches of the Secretary of State for the Home Department, the Chief Magistrate of Dresden, and the presence of the King and the Crown Prince. No less than 1127 members were present; and the most brilliant festivities, excursions by rail for more than a thousand persons together (a large proportion of the members being accompanied by their wives), theatrical performances, concerts, &c., are throwing a peculiar charm over this scientific meeting.—*Lancet*, Oct. 3, 1868.

The Frame and Constitution of Mind for Medical Research.—Dr. B. W. RICHARDSON, in his admirable inaugural address before the St. Andrews Medical Graduates Association, remarks: "The very first

necessity in medical research is a proper frame and constitution of mind. This condition, partly natural, partly acquired on a natural talent, is such that it ruthlessly and inevitably reduces to a small minority all who truly live, and who, when they are dead, command. . . . It is not difficult, nay it is very easy, for a man to become a great performer in the art of physic, especially in the chirurgical part, and thus excelling to become justly famous; it is easy for a man to become eruditè; it is comparatively easy for a man of ingenious mind to become a great theorist, and by his speculations, to live even briefly after his death; Cullen, Darwin, and Brown, are noted examples in this line. Lastly, by a spick and span method of ignoring fixed truths and inventing wild dogmas, it is the easiest of all things to gain a spurious fame, and even to live, as Hahneman has long lived, on the uplifted ignorance of the illiterate in science."

Death from the Use of Arsenic by a Cancer Quack.—We are not insensible to the force of the reasons for giving quackery plenty of rope. Scientific medicine can afford only too well to smile at those notions of personal liberty which permit one subject to give, and another to take, advice in vital matters where both parties are, in the nature of the case, incapable of having a right judgment. A singular illustration of the liberty of subjects has just occurred in Scotland. A certain Mrs. Landess, of Paisley, was recovering in March last from an abscess of the breast, consequent, apparently, on weaning her child, when she chanced to meet a man who, from his own account, had been cured of cancer of the ear by one Alexander Paterson. She immediately conceived the wish to see Paterson, and to try his practice. He came, and pronounced the stings that Mrs. Landess had felt in her suppurating breast to be the symptoms of cancer, which he proceeded to attack heroically—that is to say, by first applying a blister to the breast, and then an arsenical ointment, which, according to the analysis of Professor MacLagan, was nearly half arsenic and half lard. Very naturally Mrs. Landess began to get worse. She had headache, vomiting and retching, great thirst, and the inflammation got worse and spread from the breast to the arm. She died in ten days. Arsenic was found in the

various tissues and organs of the body. Professor MacLagan found no trace of cancer in the breast, and had no hesitation in saying that the patient had died of arsenical poisoning. The only defence set up for the "panel" was, that he had cured many cancers with this ointment, and that it had been laid on a little thicker than he ordered. The judge, Lord Ardmillan, said there could be no doubt that Mrs. Landess died from arsenic.—*Lancet*, Oct. 3, 1868.

A Layman's opinion on the Treatment of the Insane.—We frequently have had occasion to notice the incompetence of town councils and guardians of the poor to legislate in regard to medical matters. A somewhat remarkable illustration of this has recently been offered by a certain Mr. Pool, a member of the Derby town council, who in discussing the subject of a proposed Borough Lunatic Asylum, made the following sagacious and philanthropic remarks: "Mr. Pool asked how it was there were more lunatics now than formerly. He was strongly inclined to think it was owing to the good treatment they received. It was his opinion that the best plan of treatment would be to treat them with horsewhip! He was not speaking ironically at all, but meant what he said; a good horsewhip would be the best thing. Under the present system of treatment they were always likely to have a good many lunatics."—*British Medical Journal*, Oct. 3, 1868.

OBITUARY RECORD.—Died, in Glasgow, July 30, 1868, aged 74 years, after a very brief illness, WILLIAM MACKENZIE, M. D., Surgeon Oculist to the Queen in Scotland, Lecturer on the Eye in the University of Glasgow, and Surgeon to the Eye Infirmary of that city, which last institution he established in conjunction with Dr. Geo. Monteith in 1824. This eminent surgeon was highly esteemed for his scientific attainments and for ability in the treatment of the diseases of the eye, to which branch of surgery the greater part of his life was devoted. He is well known in this country by a learned work on the Diseases of the Eye, which was so valued as to have been translated into French and German. He was also the author of several other works, and for two years edited the *Glasgow Medical Journal*.

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ATLAS OF VENEREAL DISEASES. By A. CULLERIER, Surgeon to the Hôpital du Midi, &c. Translated from the French, with Notes and Additions, by FREEMAN J. BUMSTEAD, M. D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York. With one hundred and forty-five beautifully colored figures on twenty-six plates. In one very handsome volume, imperial quarto, of 328 double-column pages, strongly bound in cloth. Price \$17.

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